



ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP



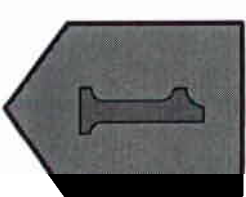
In-Place Consecutive Overseas Tour (IPCOT)

Eligibility Criteria:

- **Must be properly utilized in authorized MTOE / TDA position**
- **Must acquire sufficient obligated service to serve a full length of the new tour**
- **Must not be flagged**
- **Should submit request 12 months prior to DEROS (may submit NLT 60 days prior to DEROS as an Exception to Policy)**
- **Soldiers with approved requests for IPCOT are authorized free round trip travel for themselves and their authorized command sponsored dependents to their Home of Record**



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In-Place Consecutive Overseas Tour

(IPCOT) Cont.

Documentation Required:

- DA Form 4187
- Memorandum of recommendation by first O6 in Chain of Command (if soldier will served more than 6 years with the same command /community) e.g. Career Progression
- DA Form 7246 (EFMP Screening completed and signed by a doctor)
- DA Form 5888 (Family Member Deployment Screening completed and signed by doctor)
- Enlisted Records Brief (ERB) not more than 60 days old

Approval Authority:

1st PERSOM / HQDA if on Assignment Instructions

Disapproval Authority:

Delegated to G-1 Enlisted Personnel Management by MACOM Commander

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
Commander
Battalion Address

2. TO (Include ZIP Code)
Commander
1st Infantry Division
ATTN: AETV-BGA-EPM
APO AE 09036

3. FROM (Include ZIP Code)
Commander
Unit Address

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
ANY, SOLDIER

5. GRADE OR RANK/PMOS/AOC
E-5/75H

6. SOCIAL SECURITY NUMBER
000-11-2222

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	X Other (Specify) Request IPCOT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW AR 614-30, para 4-1, requests an In Place Consecutive Overseas Tour.

REQUESTED DEROS: **ETS DATE:** **ARRIVAL DATE TO USAREUR:** **HOR:**

REASON:

2. I understand that I must attain the obligated service to complete the entire second tour. I further understand that I may not cancel my IPCOT once I have begun serving the new tour and have received benefits/entitlements associated with the program.
3. I am not currently on assignment instructions.
4. I understand that I am entitled to free round-trip transoceanic travel for myself and my authorized dependents IAW AR 614-30 & AR 600-8-10.

5 Encl(s)

1-2. Battalion Commander or higher Memorandum of Recommendation or DA 4187-1-R

3. Current legible ERB (60 days old or less)

4. Memo from first O-6 in chain of command w/ reason (Requests for soldiers who have served over 6 years in Germany w/ this action)

5. IPCOT Datasheet

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

Commander's Full Name, Rank, Commanding